

Absence Memo Request Form

Important: Illegible, blank or incorrect information **STOPS** your absence notice from being processed.

SID # (don't remember -MyCharleston can help): _____ notification.

Name: _____ Phone Number: _____ E-mail: _____@g.cofc.edu

After reading 1 – 4 below, please initial each statement.

1. _____ Students are expected to attend all classes. Non-urgent/non-emergent situations (i.e. wedding, medical and/or counseling appointments, etc.) should not disrupt class your attendance/work/performance.
2. _____ The Absence Memo Office is not authorized to excuse any class absence. The only individual who may authorize an excused absence is the professor of each respective course.
3. _____ Absence notification is sent by e-mail to professors of all of your enrolled courses; and is sent as soon as reasonably possible (one to three business days unless precluded by unusual circumstances).
4. _____ **You must communicate with your professor(s) immediately** upon missing class or learning you will/intend to be absent from class to discuss the professor's consideration regarding authorizing the absence, assigned class work and/or make-up work.

Please circle or write in information below as appropriate.

Academic Status: STEP Impact Student Probation NA

Date(s) of Absence: _____

| | | | | | |
|---------------------------|-------------|----------------|--------------|---------------|-----------|
| Semester of class: | Fall | Spring | Express I | Express II | Maymester |
| | May Evening | Summer Evening | Summer Day I | Summer Day II | Online |

Missed Class (es): _____

Reason for Absence (the information/documentation you provide may be shared with your faculty):

_____ **Victimization** (includes witness/victim's friend/assisted victim/etc.) **Do NOT provide any of the following: incident type, details, police report, documentation, etc.** (Victim Services will contact you at the contact information you provide at top of this form)

_____ **College Sponsored Activity:** CofC Athletics (Game) Club/Organization Class/Course Event Other

Describe: _____

Advisor's/Professor's Name: _____ AND Phone number/email address: _____

Please ask advisor/professor to contact this office to verify this is a college sponsored event

_____ **Illness/Injury** Describe: _____

_____ **Death** Date of Death: _____ Decedent's Name: _____

Date of Funeral: _____ Relationship to Decedent: _____

_____ **Other** Describe: _____

Attach Appropriate Documentation (medical note, military verification, obituary, etc.); ***victimization category is excluded.***

By signing this document, I am authorizing the Absence Memo Office (AMO) to send absence notice to my professor(s). The information I have given above is true. I understand that intentionally misrepresenting my absence and/or falsifying support documentation is a violation of the Honor Code and may result in 1.) notice to my faculty and/or campus student conduct office of suspected intentional misrepresentation and/or 2.) disciplinary action.

Please know that the AMO is one instrument of many in support of students successfully reaching academic achievement; thus, in some instances it may be necessary for the AMO to notify and/or involve other departments as a proactive intervention tool to assist students who are experiencing academic disruption. These departments may include, but are not limited to, the Office of the Dean of Students, Undergraduate Academic Services, Human Relations and Minority Affairs, Title IX Coordinator, etc. Please be aware that all matters discussed and any information collected are kept confidential to the extent reasonably possible and permitted by law.

Signature of Student: _____ **Date:** _____